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Professional Standards Review Organizations (PSRO's)

H.R. 1, THE SOCIAL SECURITY amendment bill, was passed by the House and Senate on October 17, 1972, and signed by the President on October 30. It is now known as Public Law 92-603. It is profoundly complex and there are some who doubt that it can ever be administered at all. Section 249F requires that Professional Standards Review Organizations (PSRO) be set up "in order to promote the effective, efficient and economical delivery of health care services of proper quality for which payment can be made, in whole or in part, under the Social Security Act . . ."

The decision has now been made. Unless the PSRO provisions of the law are repealed or substantially changed, the Federal Government has for practical purposes assumed responsibility for professional standards review for health care services. The law went into effect January 1, 1973. By January 1974 the Secretary of Health, Education and Welfare must have designated the PSRO areas, and as soon thereafter as possible he must designate the PSRO for each area. PSRO's will collect data, information and records as directed by the HEW Secretary who will have access to them. PSRO's must use only M.D.'s and D.O.'s to review actions of their peers. Until January 1, 1976, physician organizations have priority in establishing PSRO's. After that the Secretary can designate a "qualified" public or non-profit organization to serve as the PSRO. The expenses of PRSO's are to be underwritten by the Department of Health, Education and Welfare.

The initial thrust is for utilization control for health care services paid for under the Social Security Act, and specifically for review of institutional care and services. When this legislation was under consideration by the Congress, the American Medical Association and the California Medical Association questioned whether a government operated program of mandatory peer review geared in large part to cost control could be effective without reducing the quality of patient care. This now remains to be seen. And there are certain to be difficulties in establishing the professional standards without compromising the quality of care rendered, particularly to those who deviate significantly from the statistical or standard norms, unless the strengths of the present system which permits peer review of the particular circumstances of a given case can somehow be preserved.

One may anticipate that the most difficult problems will arise around the funding of PSRO's by HEW. It is well known that when the government pays the piper it can call the tune. There are obvious dangers here. But perhaps even more important are the dangers of underfunding of PSRO's by government. It seems inevitable that this will occur sooner or later, and when it does it will be difficult to prevent the program from failing, and when this occurs the way will be opened for other and perhaps non-professional control of quality and costs in health care.

The medical profession has no alternative but to try to make PSRO work, and this is likely to be difficult to do.

—MSMW